

it invariably reduces the temperature, and results in general improvement in the patient's condition. The administration of guaiacol, menthol, and podophyllin are continued throughout the disease for their antiseptic properties. *Continuous medication early* in the disease is the *sine qua non* of success. Occasional spongings or ablutions with cold water are advised for the good effect produced on the peripheral circulation, the shock to the general nervous system, and the subjective sensation (?) of the patient; for the fever it is unnecessary; after the first few days, antipyretics are not needed. With this method of treatment digestion is more satisfactory, and more food is recommended than these patients received under the old régime. Average duration of the disease in ninety-seven tabulated cases was fourteen and two-fifths days. Stimulants are rarely required; delirium and complications are practically unknown. Where treatment is begun within eight days of the beginning of the disease, and systematically carried out, the temperature almost invariably returns to normal at the expiration of a week or ten days.—*The Virginia Medical Semi-Monthly*, 1899, vol iv. No. 77.

The Treatment of Autotoxic Dyspnoea.—DR. H. HUCHARD discusses this symptom of alimentary intoxication. This may be due to uræmia, but in general it antedates such a condition. The ready proof that this is the case is found in the aggravation of the dyspnoea when the patient is upon a meat diet; the cause is the vaso-constriction which results from this diet. When fed exclusively upon milk, both this symptom and the marked pallor disappear. Since with this symptom there are signs of arterio-sclerosis and cardiac insufficiency, potassium iodide is indicated. Should œdema be present, theobromine in large doses is necessary.—*Gazetta degli Ospedale e delle Cliniche*, 1899, No. 65, p. 694.

The Hypodermatic Injection of Silver Nitrate Over the Course of the Vagi in the Treatment of Pulmonary Consumption.—DR. T. J. MAYs, believing that the lung lesion in pulmonary consumption is not the primary morbid change, thinks a *nervous* pathology underlies a rational therapy. He therefore uses largely strychnine, electricity, phenacetin, etc. The vagi are also locally treated by massage through the overlying structures. Cough, expectoration, and sense of oppression are benefited. More far-reaching effects were sought in the introduction of nitrate of silver immediately over the course of the vagi in the neck by arousing them from their "abnormal condition." Four to seven minims of a 2½ per cent. solution of silver nitrate (Merck's) answered well, though sometimes five minims of a 5 per cent. solution were required to bring about an inflammatory reaction. The point of injection is immediately over or behind the carotid artery, half-way between the angle of the jaw and the clavicle. To avoid puncturing either the carotid or jugular vein the skin is to be elevated and the needle introduced just beneath it. Cocaine injection (2½ per cent.) should precede the above, for the nitrate of silver is otherwise very painful. The same puncture suffices for both injections, the barrel of the syringe being removed, cleaned, and filled with the silver solution, the needle remaining *in situ*. A diffuse swelling, with redness and pain, appears. The injection is to be given on the side of the neck on which the affected lung is situated, and should be re-

peated in a week or ten days, unless the first injection is followed by too much irritation. Generally it is best to limit the injections to the affected side, with an occasional one on the opposite side. Analysis of results of above treatment in forty phthisical patients is as follows: Cough and expectoration were much benefited, and likewise dyspnoea and oppression. Through diminishing the cough sleep was much improved. Appetite grew more keen, even in patients far advanced in the disease, and the general strength improved. The physical signs also exhibited a marked change for the better, so much so that it was not merely a coincidence. Gain in weight was the rule, even in the sickest patients. The writer deduces from the above that best results are obtained: in the incipient stage, both as regards symptoms and physical signs, and in an advanced stage, both are benefited, sometimes remarkably. In a great majority in a far advanced stage, cough, expectoration, and other symptoms are temporarily ameliorated, but the local lung condition is unchanged. To the above method of treatment, hygiene, dietetics, and internal medication must be added. For the purposes of study these latter were omitted in the above cited group. These injections of silver nitrate may be valuable in asthma, chronic bronchitis, and in the treatment of the prephthisical stage in the young.—*Boston Medical and Surgical Journal*, 1899, vol. cxi. No. 6, p. 133.

GYNECOLOGY.

UNDER THE CHARGE OF
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Torsion of the Uterus by Tumors.—EHRENDORFER (*Monatschrift für Geb. u. Gyn.*, Band ix. Heft 3) reports the following case: Abdominal section was performed for the removal of a sessile fibroid tumor the size of a man's head in a woman thirty-six years old, whose principal symptom had been inability to empty her bladder for several months without the aid of a catheter. On opening the abdomen the uterus was seen to the left of the neoplasm, twisted entirely around its long axis, the bladder being drawn high upward and to the left. The tumor was so impacted in the pelvis and adherent to surrounding organs that it was removed only with great difficulty, the stump being secured with an elastic cord, and treated by the old extraperitoneal method. The convalescence was satisfactory, the patient being able to pass her urine on the third day.

Supravaginal Amputation of the Uterus for Fibromyoma.—At a meeting of the Leipzig Obstetrical Society (*Ibid.*) a discussion of the relative advantages of total extirpation and supravaginal amputation developed the fact that the latter was the favorite method. ABEL thought that the size of the stump was immaterial. Only two cases of subsequent sarcomatous degeneration had been reported. In young subjects it was important, he

believed, to spare one ovary, and, if possible, a portion of the uterine mucosa, in order to preserve the function of menstruation.

SAENGER held that the possibility of malignant degeneration of the stump was so slight that it did not furnish an argument in favor of total extirpation. He was sure that a stronger pelvic floor remained after amputation.

ZWEIFEL said that for several years he had not observed exudates around the stumps. He made it a practice to leave as large a stump as possible, in order to preserve some of the mucous membrane.

Remote Results of Hysteropexy.—SECOND (*Comptes Rendus de la Soc. d'Obst. de Gyn. et de Paed.*, April, 1899) reports a case of hysterectomy in a case in which he had performed hysteropexy six years before. The patient was relieved for two years, when she began to complain of dragging pains in the abdomen, although the uterus remained fixed to the wall. Previous to the operation she suffered from severe abdominal pain, tympanites, and evidences of intestinal obstruction. Examination showed that there was a certain range of mobility of the uterus, so that a pocket existed between the fundus and the anterior wall of the abdomen, in which it was inferred that a coil of intestine might have become caught. As the patient was near the menopause, the writer decided to perform hysterectomy. On opening the abdomen the fundus uteri was found to be attached to the parietal peritoneum by eight small bands, each about an inch in length, corresponding in number to the silk sutures which had been used; no trace of these sutures remained. Although no adherent intestine was seen, it was apparent that the conditions were favorable to imprisonment of a loop of gut in the space left in front of the uterus. The patient made a perfect recovery and remained well.

[This case furnishes a strong argument for the abandonment of ventrofixation and suspension in favor of internal shortening of the round ligaments.—ED.]

Operations on the Cervix Uteri from an Obstetrical Stand-point.—In a discussion on this important subject before the Paris Obstetrical Society (*Ibid.*), following the reading of a communication from Pinard, BOUILLY calls attention to the fact that if trachelorrhaphy or excision of the cervix is properly performed there is less likely to be dystocia than in cases in which the diseased tissue is not thoroughly removed.

DE RIBES had seen only one case in which delivery was rendered difficult by previous amputation of the cervix, as the tissues usually softened under the influence of pregnancy. In this instance manual dilatation overcame the obstruction.

SECOND admitted that cases might occur in which rigidity of the cervix during labor would result as the result of excision, even when the operation was properly performed. He therefore believed that it should be limited to cases in which it was clearly indicated, and should not be performed indiscriminately where a simple curettement was often sufficient.

PORAK thought that gynecologists were not in a position to present reliable statistics, since only a small proportion of the cases were kept under observation. He cited two cases, in one of which he was called to perform em-

bryotomy upon a woman who was moribund after being in labor for several days. The cervix, which had been amputated, remained rigid and undilatable, so that dystocia was complete. In another instance labor had continued for five days, on account of rigidity of the cervix, resulting from previous amputation, and rupture of the uterus occurred, which was treated successfully by immediate cœliotomy and suture of the tear. In the writer's opinion rigidity of the cervix in these cases was due to incomplete removal of all the cicatricial tissue during the operation.

LEPAGE was of the opinion that non-dilatability of the cervix during labor was due not only to failure to obtain primary union after excision, but to the fact that too radical an operation was often performed, so that no vaginal portion whatever remained. It was easy to understand that in the event of a laceration of such a cervix the lower uterine segment would be apt to be involved. In short, it was important for the surgeon to bear in mind when operating upon the cervix not to remove any more tissue than was necessary, in order not to interfere with the physiological development of the gravid uterus.

PINARD, in closing the discussion, stated that rigidity of the cervix during labor was not confined to operations performed for the removal of diseased tissue, and cited two cases of simple incision for stenosis in which labor was attended with the same complication which had been described. The speaker was in favor of immediate trachelorrhaphy in cases of extensive laceration, by which subsequent cicatrization was prevented.

The Germ Theory as Applied to Gynecology.—In a recent address before the British Gynecological Society, BANTOCK (*British Gynecological Journal*, May, 1899) provoked a vigorous discussion by declaring his opinion that the presence of specific micro-organisms was "the result and not the cause of disease." He stated that he was "still content with making his hands as clean as an ordinary washing with soap and water would make them, thus removing Lister's 'grosser forms of septic mischief.'"

It is hardly necessary to state that the consensus of opinion was entirely opposed to the eminent reader, whose paper was regarded as an individual confession of faith rather than a scientific argument.

Diffuse Adenoma of the Endometrium.—OLIVER (*Ibid.*) reported the case of a virgin, aged thirty-four years, who had menstruated profusely for ten years. On examination a firm uterine tumor was felt, extending two and a half inches above the symphysis pubis. Two mucous polypi protruding from the cervix were removed, and the hemorrhages were checked for two years, when they returned and became continuous. The polypus was excised and a teacupful of soft tissue was removed from the uterine cavity, which presented the microscopical appearance of simple adenoma. The uterus was subsequently reduced so that it could not be palpated in the abdomen, but two months later the patient returned complaining of a constant watery discharge. A second curettement resulted in the removal of another cupful of adenomatous material, but the watery discharge continued, so that abdominal hysterectomy was performed successfully five months later.

The uterus weighed nearly two pounds, and, incising it, the entire endometrium was seen to be studded with nodules varying in size from a pea to a walnut, a few being polypoid. There was general thickening of the muscular wall, with general evidence of infiltration of the neoplasm.

The reporter hesitated about regarding the condition as malignant, on account of the history of the case, which showed that the growth had probably existed for several years. The patient was the youngest in whom diffuse adenoma of the endometrium had been reported.

Vapo-Cauterization of the Uterus.—VAN DE VELDE (*Centralblatt für Gynäkologie*, 1898, No. 52) reports a fatal case in which steam at 105° C. was introduced into the uterus for five minutes for the relief of climacteric hemorrhages. The patient died of septic peritonitis on the fourth day after the operation. Autopsy showed that a perforation had occurred at the fundus. The writer adds a warning against the use of vapo-cauterization for hemorrhage in which there is the risk not only of perforation, but of subsequent obliteration of the uterine cavity and complete atrophy of the organ. He would limit its application to the treatment of inoperable carcinoma.

PRNCUS (*Centralblatt für Gynäkologie*, 1899, No. 4) criticises the foregoing report, affirming that the accident was due not to his method but to its faulty application, since the introduction of the steam should be limited to half a minute. He claims that by adhering strictly to the rules laid down by him the accidents and subsequent ill results referred to cannot occur.

OBSTETRICS.

UNDER THE CHARGE OF

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Three Cæsarean Sections upon the Same Patient.—In the *Centralblatt für Gynäkologie*, 1899, No. 15, POLLAK contributes a very interesting paper upon this subject. He has collected thirty cases, in which two Cæsarean operations were performed upon the same patient. He has found twelve cases in which the operation was performed three times, four cases in which four children were delivered by this method, and one case in which a mother bore five children by repeated Cæsarean section. His own case of three operations upon the same patient was as follows:

When the patient first came under observation she was nineteen years old. She had a rachitic pelvis, and labor was induced and terminated by version, followed by craniotomy.

When her next pregnancy occurred the usual conservative Cæsarean operation was performed, the womb being closed by buried silk sutures, and the

peritoneum united by fine continuous silk. Mother and child made an excellent recovery. The second operation was more than a year later, and was successfully performed in the same manner. There were adhesions between the mesentery, the uterus, and the abdominal wall, but these were very readily separated. Mother and child made a good recovery without complications. The children were rachitic, and shortly after the second pregnancy both of them died. When the patient again became pregnant she declined any form of delivery except the Cæsarean operation, because she desired a living child. This was accordingly performed in the same manner as the preceding, and with equal success.

At each operation after the first the tissues were very carefully inspected, to observe the scar which was present. The wall of the uterus was firm and solid, not thinned or abnormal. The adhesions which existed between the wall of the abdomen, the mesentery, and the uterus were not resisting, and were readily separated. Each time the incision was made so far as possible through fresh tissue, and in each operation silk was used to close the parts. Certainly nothing could have been more successful than these three operations.

Pollak calls attention to a phenomenon which has been observed by other Cæsarean operators—namely, that the child is slightly asphyxiated and delays respiration for a few moments. It is, at first sight, not easy to account for this, as the child has had but little birth-pressure. Pollak thinks it due to the anæsthetic which the mother has taken during the operation.

Complete Rupture of the Uterus.—At a recent meeting of the Gynecological Society of Dresden, LEOPOLD (*Centralblatt für Gynäkologie*, 1899, No. 15) reported the case of a woman aged thirty-five years, who had borne four children, and who was in labor with the fifth. The left shoulder presented, and the progress of labor ceased. On admission to the clinic the patient was found considerably shocked, and rupture of the uterus was diagnosed. She was immediately prepared for operation and the abdomen was opened. Considerable clotted and fluid blood was found in the abdominal cavity. The child was lying across the abdomen, its head covered by the membranes. After the child and appendages had been removed a transverse laceration across the anterior wall of the uterus was found. This extended through the broad ligament of the right side, and the serous membrane had been separated for some extent by blood clot.

As it was impossible to suture the uterus, it was amputated, gauze drains were inserted, and the abdomen was closed. Death followed on the ninth day afterward, and post-mortem examination showed purulent peritonitis, with partial occlusion of a portion of the small intestine. Upon investigating the history of the case, a midwife had been in attendance, who had failed to promptly summon the aid of a physician. She was accordingly fined for this neglect.

A Case of Rupture of the Uterus Treated by Vaginal Extirpation.—In the *Centralblatt für Gynäkologie*, 1899, No. 13, SOLOWJ contributes the interesting report of a case of ruptured uterus, in which the womb was removed by vaginal extirpation.